AHIMA Advantage
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Reporting AHIMA News and Events

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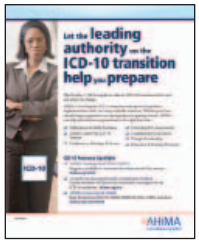

LOOK INSIDE!

ICD-10 Resources

MEMBER PROFILE

Bernice von Saleski
MAS, RHIA

Von Saleski Cheers ICD-10 Transition

Give me an I! Give me a C! Give me a D! Give me a 10! What's that spell?! Hard work; as coding "cheerleader" Bernice von Saleski knows well. Complete with pom-poms and a sunny attitude, von Saleski, MAS, RHIA, is cheering the ICD-10 transition at Boston-based Partners Healthcare, serving as the corporate coding manager and sitting on numerous ICD-10 committees.

Because of her enthusiastic HIM disposition, von Saleski earned her cheerleader title several years ago from past co-workers. They even gave her pom-poms, which she now uses when discussing ICD-10 and coding in live presentations—complete with dancing and coding cheers. With a HIM change this big, everyone needs a little encouragement and levity, she feels.

With over 40 years of experience in the HIM industry, von Saleski has been through numerous regulation changes

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Going the Distance: Traveling on ICD-10-CM/PCS

The US healthcare industry is investing billions of dollars in technology and strategic initiatives to arrive at improved healthcare outcomes. However, using sophisticated technology on an antiquated ICD-9-CM infrastructure won't get us there…the uses for coded data are more complex than ICD-9-CM can handle. ICD-10-CM/PCS (ICD-10) is the way forward.

As of June 2011, the October 1, 2013, go-live date for ICD-10 is just 16 months away. And that deadline isn't budging. At AHIMA's 2011 ICD-10 Summit in April, **Karen Trudel**, acting director of **CMS's Office of E-Health Standards and Services**, said, "The deadlines are not changing. Let me repeat that. The deadlines aren't changing."

The stakes are high. CMS claims with dates of service after October 1, 2013, that are submitted with ICD-9-CM codes will be denied.

With less than half the implementation time frame left to go, has your organization begun preparing? It's time to get rolling! As experience in other countries has shown, good planning ensures a smooth transition.

AHIMA at Your Side

As your guide, use the ICD-10-CM/PCS Transition: Planning and Preparation Checklist created by AHIMA experts. Extensively updated this year, the checklist outlines four phases of the ICD-10 transition.

- **Phase 1:** Implementation plan development and impact assessment (Q1 2009 to Q2 2011)
- **Phase 2:** Implementation preparation (Q1 2011 to Q2 2013)
- **Phase 3:** "Go live" preparation (Q1 2013 to Q3 2013)
- **Phase 4:** Post-implementation follow-up (Q4 2013 to Q4 2014)

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This invaluable resource can help you decide what to do now, plan your next steps, and engage multiple audiences throughout the process. AHIMA is committed to helping members achieve the ICD-10 transition (see the sidebar "ICD-10 Resources" on page 4). The Association has set several strategic goals, including leading the industry in ICD-10 education and enabling successful ICD-10 implementation in the US.

Transitioning to ICD-10 will test even seasoned project managers, according to AHIMA members in the trenches, such as **Gloryanne Bryant**, RHIA, CCS, CCDS, regional managing director HIM, NCAL revenue cycle for **Kaiser Foundation Health Plan Inc & Hospitals** based in Oakland, CA. "One of the things I learned from our ICD-10 preparations is to make sure you have wiggle room in your implementation timeline. Things don't always go as planned, even with the best efforts, planning, and intentions," said Bryant, a member of AHIMA's ICD-10 Summit Advisory Council.

Take the Lead

HIM professionals need to own this strategic HIM issue. Many successful organizations ask the HIM and IT departments to co-lead the ICD-10 transition. As the technology professionals install and test modifications, HIM professionals are right there beside them with examples to build into their test cases.

To help implementation team leaders envision their roles, AHIMA has developed the ICD-10-CM/ICD-10-PCS Leadership Model. The AHIMA Clinical Terminology and Classification Practice Council worked with members of the ICD-10-CM/PCS Transition e-HIM work group to create these guidelines for leading an organization through the transition process, improving workflow, and managing data integrity more effectively.

"Many HIM professionals excel at operations management, but rarely have the opportunity to strategize. The Leadership Model helps HIM professionals go beyond managing into leadership," said **Becky Ruhnau-Gee**, MA, RHIA, CHDA, CCS, coding and data integrity manager at **Children's Hospital of Wisconsin** in Milwaukee, WI, and a past member of the Clinical Terminology and Classification Practice Council for AHIMA.

The Association also invites you to explore an exciting new Leadership Academy webinar series. It's designed to help you develop self-assurance to spearhead complex, organization-wide change required to successfully implement ICD-10.

The First Milestone: Version 5010

The first milestone in the ICD-10 transition is implementing Version 5010 of the electronic data transaction standards by January 1, 2012. (Be cautious: ICD-10

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AHIMA ADVANTAGE

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Share your feedback on AHIMA Advantage via e-mail at advantage@ahima.org.

ICD-10 Resources

AHIMA has built a large collection of dynamic tools to help members. Here are a few. Find many more at AHIMA's ICD-10 Web Site.

1. ICD-10-CM/PCS Implementation Plan Development and Impact Assessment Top 10 List: Phase 1
2. ICD-10-CM/PCS Transition: Planning and Preparation Checklist
3. ICD-10-CM and ICD-10-PCS Proficiency Assessments
4. "Budgeting for ICD-10." *Journal of AHIMA*, September 2010
5. New Vendor ICD-10 Readiness Checklist and Customizable Letter
6. ICD-10 Track at the AHIMA 2011 Convention and Exhibit in Salt Lake City, including the Annual Coding Meeting
7. "Putting the ICD-10-CM/PCS GEMs into Practice" Practice Brief, *Journal of AHIMA*, March 2010
8. Perspectives in Health Information Management white papers and conference proceedings
9. ICD-10 Implementation Community of Practice
10. "Data Mapping Best Practices" Practice Brief, *Journal of AHIMA*, April 2011
11. "From Point A to ICD: Successfully Implementing ICD-10-CM/PCS" free ICD-10 webinar

preparations should not wait until 5010 is completed.)While being sensitive to your IT department's needs—it has its hands full testing 5010—ask questions, such as: Where is the plan for 5010 testing? What is the progress to date? When is the target date for our organization to be ready to use ICD-10-CM and/or ICD-10-PCS codes?

"Without 5010 functioning correctly, there could be significant cash flow interruptions and other problems. Even if you use a clearinghouse for billing, test 5010 with payers. 5010 preparedness can be very complex," said ICD-10 Summit Advisory Council member **Rose T. Dunn**, MBA, RHIA, CPA, FACHE, chief operating officer at **First Class Solutions, Inc.**, an HIM consulting firm in Maryland Heights, MO. One of her large clients has more than 200 applications affected by Version 5010 and ICD-10.

While everyone is feeling the crunch, some sectors have diverted resources to other industry mandates. Long-term care facilities, in particular, concentrated on converting to minimum data set 3.0 and now must prepare for Version 5010.

Mapping a Course

High on the agenda should be a thorough impact assessment of the technology systems affected by the ICD-10 transition. To this end, AHIMA has developed the ICD-10 Readiness Assessment and Prioritization Tool. By locating systems that use ICD-9-CM codes, including technology systems, departments like labs, respiratory therapy, cardiology, and state data registries, you can lay out a transition game plan.

Most organizations find that ICD-10 impacts more systems and processes than anticipated. (See the article "Three Short Years: Organizations Lagging in 5010 and ICD-10 Progress," *Journal of AHIMA*, September 2010.) Why? ICD-9-CM is so tightly woven throughout IT systems that codes may lurk under layers in the programming. For example, ICD-9-CM codes may hide in the background of registration systems for medical necessity or disease management programs in clinical departments.

So check all systems where diagnoses are entered or selected into the system behind the scenes. Dig deep and be sure every department is looking, said Dunn. She's noticed that client organizations that get everyone involved up front are in better shape. "The more heads together, the better off the organization will be. Do not leave anyone out of the discussions. Invite everyone, and follow up with anyone who chose not to attend," Dunn said.

Preparing the Team

Certainly, coders will need to upgrade their skills. Physicians, case managers, decision support staff, and other users may need to as well. AHIMA has developed a variety of training aids, including the AHIMA Academy for ICD-10 "train the trainer" program and six new anatomy and physiology assessment online programs covering topics such as the circulatory system, pregnancy, and musculoskeletal systems.

At Kaiser, Bryant is involved in the selection of a coding gap assessment online tool for approximately 900 coding staff, plus another 300 auditors across their system. The tool will be password protected. Results will be blinded to direct supervisors, so it won't be seen as punitive. "We are approaching this in a positive, nurturing style and manner. The assessment should not be feared," Bryant said.

Kaiser has a diverse workforce, ranging from those who've been trained on the job to those with four-year degrees. As they establish a targeted education plan to meet unique needs, they are considering ways that some people could opt out of full prerequisite training, which includes medical terminology, anatomy/physiology, disease process, and pharmacology. "Sometimes you have very astute, high-level learners, and we want to use our staff's time wisely. So we are considering offering a short, time-limited way to determine an individual's knowledge base and training needs," Bryant said.

Going the Distance

Slow and steady wins the race to ICD-10 implementation. When healthcare organizations plan and prepare well, they can spread resources across multiple years, rather than incurring a large budgetary hit in a mad rush at the end.

"If you don't keep ICD-10 implementation in front of you, you forget about it. Spread it out over time, and it's more easily managed," Bryant said. v

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and even past ICD conversions. But the change to ICD-10 is the biggest transition of von Saleski's career, she said.

"(ICD-9) has become huge over the years because we've got all of these electronic systems and payment processes that are using the codes," she said. "You have all of these disparate systems all over the place, and so I think it makes it more complicated (than past initiatives)."

Cheering on the Transition

von Saleski is one of the nation's leaders on ICD-10. She recently led an AHIMA webinar titled "From Point A to ICD: Successfully Implementing ICD-10-CM/PCS," and has been helping Partners Healthcare's five-plus facilities change to the new code set since 2009. In addition to her corporate coding manager role, von Saleski also serves as the health information services and coding manger for Partners Brigham and Women's Hospital and Massachusetts General Hospital.

Her corporate job requires her to think about coding across the Partners system, while her HIS job gives her oversight of the day-to-day of the coding units. This dual role has put her at the center of the ICD-10 transition. To date the organization has raised awareness on the transition throughout the facility, progressed through an impact analysis, and laid out a transition budget. Initial education on base knowledge needed for ICD-10 (such as anatomy training for coders) has also started.

Developing a Plan

For organizations now getting into the details of their ICD-10 transition, von Saleski offers the following advice: Be sure to develop a transition project plan that looks at the entire healthcare organization, not just IT and HIM. Also, leverage the transition for broader strategic initiatives. Partners is looking into implementing computer-assisted coding alongside their ICD-10 transition, which will improve coder productivity and increase the coder skill set, von Saleski said. Finally, be sure to reach out to business partners, such as payers, early on in transition efforts to ensure ICD-10 is handled properly on their end.

"If we don't start planning and trying to get prepared for all this, it can have a negative impact on individual facilities and hospital revenue, and that is huge because that can ultimately impact patient care," she said.

Training physicians on how to improve documentation in order for coders to code ICD-10 is another priority. ICD-10 gives facilities the opportunity to improve both their clinical documentation as well as increase their coders' skills. While she is nervous that the healthcare industry won't adequately prepare for using the new code set, especially ICD-10-PCS, von Saleski is thrilled the US is finally moving from ICD-9 to ICD-10. "I think the most exciting thing is that we have finally caught up with the rest of the world," she said. "Soon we can start tracking for patient quality care along with the rest of the world."

Coding has been a "love" of von Saleski's since her career began. Eventually earning her RHIA and a master's in administrative science from Johns Hopkins University, von Saleski started out as a medical record technician who relished any chance to help out in the coding department. "I liked solving puzzles, if you will, and I liked reading stories about patients that you saw how their care was done and how they got better," she said.

The use of coding in quality improvement gives the job vast importance, she said. ICD-10's better specificity can only foster coders' ability to positively impact healthcare. "Coding lends itself to being a part of the healthcare team that is helping patients get better in the long run," she said. That is something to cheer about. v

AHIMA Hill Day Inspires Outstanding Advocacy Effort

» Participants of AHIMA's 2011 Hill Day meeting discuss the importance of the annual advocacy event.

In late March, AHIMA's 2011 Hill Day brought to Washington a very inspired and enthused group of AHIMA members—a group ready to advocate for the health information professions to their representatives and senators. Representing 40 of the 50 states, 174 HIM professionals met with 170 congressional offices to introduce AHIMA and their Component State Associations (CSAs) and to discuss important health information policy issues.

Increased Visibility

With an overabundance of turnover from the 111th to the 112th Congress, it was imperative for AHIMA's Hill Day participants to do a comprehensive introduction of the association to Congress along with providing a description of the CSA that they represented. In many cases this was a necessary element of the conversation with policymakers. However, we were happy to learn that in many instances, it was a part of the conversation that could be shortened because the policymakers knew who we were from our previous Hill Day activities, our introductory letter-writing efforts, or interactions with AHIMA's Washington, DC, office. This was an outstanding development as it shows that we are doing what we have set out to do—enhance the visibility of AHIMA and its members along with creating relationships between Congress and our organizational representatives. It is our goal not only to achieve this at the national level, but to also have CSAs do this at the state level.

Important Policy Discussions

In addition to introducing AHIMA, several policy issues were paramount on our agenda. These issues included:

- **Workforce**—advancing the health information professions in this time of rapid transition of our healthcare system.
- **ARRA-HITECH**—protecting the HIM and HIT initiatives as meaningful use achieved through the passing of the American Recovery and Reinvestment Act.
- **Patient Identity Solution**—urging Congress to request that the Government Accountability Office initiate a study on the existing patient identity options existing in the healthcare marketplace and to evaluate the cost/benefit and practicality of implementing an informed patient identity solution.

To prepare for Hill Day, our attendees were provided with a multitude of resources including pre-Hill Day webinars, review materials posted in the AHIMA Community of Practice, and a policy briefing held after the conclusion of the Washington, DC, Team Talks meeting. In addition to this preparation, participants were provided with issue-oriented talking points that could be used when meeting with their policymakers.

These talking points also supported the issue information that was included in packets provided to the congressional offices. Not only did these packets include detailed information on our primary issues of workforce, ARRA-HITECH, and a patient identity solution, they also provided descriptions of AHIMA and the health information professions. This is all information critical to our goal of advancing AHIMA, the health information professions, and our key advocacy issues.

Hill Day is only the beginning of an advocacy effort that will last throughout the year and the entire 112th Congress. This effort is not only Washington-based, but it also occurs in the states. Since the conclusion of the 2011 Hill Day, states have also held their own Hill Days including the Massachusetts' HIMA annual Beacon Hill Day and the Pennsylvania HIMA's first Hill Day.

Follow Up Activities

AHIMA is also continuing its advocacy effort by continuing the follow-up from Hill Day by meeting with and discussing issues with Congress. In addition, we've started our advocacy education efforts for AHIMA members. AHIMA will be providing courses on:

- **Advocacy 101**—What is Advocacy? Why do we do it? How can we get involved?
- **Advocacy and Public Relations**—The role public relations has with advancing advocacy and policy issues.
- **Advocacy and Networking**—How to engage with other organizations and individuals.
- **Advocacy and Social Media**—How to use social media to advance advocacy efforts.

The schedules for each of these sessions will be posted in the AHIMA Community of Practice under the title "Advocacy Education." With such a rapidly changing healthcare environment, we have many challenges in front of us—challenges that we have not shied away from. Together with AHIMA members we are eager to surmount these challenges in whatever way we can. Visit AHIMA's Advocacy and Public Policy Center for the latest news from Washington. v

AHIMA Election Results Announced

The results are final for the 2012 AHIMA Board of Directors and members of the Commission on Certification for Health Informatics and Information Management (CCHIIM.) Congratulations to the newly elected leaders and all candidates that agreed to be included on the ballot. We would like to thank our Teller, John Ruth, MBA, RHIA, for verifying the results of the 2011 AHIMA Ballot.

A total of 6,173 votes were received this year. We are excited to report that this is an increase from 10 percent in 2010 to 13 percent this year. We continue to strongly encourage more members to vote in the future. Please visit the State Leaders and House Community in the CoP to see how your state participated in the election under the topic AHIMA Election—2011.

The results are as follows:

AHIMA Board of Directors

President-elect

Kathleen A. Frawley, JD, MS, RHIA, FAHIMA

Directors

Ann Frischkorn Chenoweth, MBA, RHIA

Dwayne M. Lewis, RHIT, CCS

Melissa M. Martin, RHIA, CCS

Commission on Certification for Health Informatics and Information Management

Karl J. Koob, MMIS, RHIA, FAHIMA, CPEHR

Lou Ann Schraffenberger, MBA, RHIA, CCS, CCS-P, FAHIMA

Cynthia A. Spann, MIS, RHIA, CHPS, CCS, CCS-P

Nominating Committee Thank You

Thank you to the Nominating Committee for their excellent work in developing the slate of candidates, monitoring the Candidate CoP, and marketing the balloting process.

Rose Dunn, MBA, CPA, RHIA, FAHIMA, FACHE (Chair)

Sue Biedermann, MSHP, RHIA, FAHIMA

Alicia Blevins, RHIA, CHP

Jill Callahan Dennis, JD, RHIA

Ginna Evans, MBA, RHIA, FAHIMA

Diane Larson, MA, RHIA, CHPS

Jennifer McManis, RHIT

Julie Wolter, MA, RHIA, FAHIMA

Kurt Zimmermann, RHIA v

CoP Super Users Shine Again

AHIMA's Communities of Practice (CoP) transitioned to a new platform a little over a year ago. AHIMA continues to refine the site, and the CoP continues to be one of AHIMA's premier member benefits. Over 100 members visit the CoP on a daily basis and some members, designated our "super users," are accessing the CoP multiple times during the day—with 200 to 1,500 logins last year.

Currently, there are 73 top users with 27 serving as facilitators for one or more communities. In addition, over 10 of these members are Action Community for Excellence (ACE) members. These super users frequent the CoP for a number of different reasons. We recently spoke with several members about their experiences with the CoP.

Members Speak Out About CoP

Lindsey Asmus, RHIT, CCS, CCS-P, ICD-10-CM/PCS trainer, uses the CoP to make real connections with other professionals. "I visit often to read about new health information issues, volunteer opportunities, and to submit questions about coding subjects," Asmus says. "It's a great way to stay connected to the national level of AHIMA for each member." Asmus also volunteers as the "Studying for the CCS" facilitator and shares her knowledge and expertise with members studying for the exam.

Another top user, Sybil Slavin, began using the CoP while a student in a HIT program for the exposure to all available resources as she entered this new field of study. Now she belongs to 18 different communities; some of which are student-related groups and others for professionals working in the field. "As a student, it is interesting to read about the struggles and successes of other students working through their programs, passing certification exams, and landing that first job," Slavin says. "Especially useful are the certification exam study groups as well as hearing people's experiences of taking the tests."

Lisa Stanley Whitmore, RHIA, finds the CoP a nice informal way to stay in touch with other health information professionals. "Members posting questions about topics such as new regulations helps me stay up-to-date on coding and home health issues," Stanley Whitmore said. The CoP has a more than 15 coding-related communities and one home health community for members to join.

CoP as a Research Tool

Another great use of the CoP is for research. "When I do research for my employer, my first stop is the Body of Knowledge and the CoP," Asmus says. "I can find most any subject matter or add one if it is new. The CoP gives me access to a large network of professionals and professional information that I find invaluable. Being a Community of Practice member I have a greater resource to health information then non-CoP members."

Why don't you try out the CoP today? As Stanley Whitmore said, "Just jump in and see how you like it. It's both a lifeline and a reality check." To access one of the 150 public Communities, visit the Communities of Practice today. v

Upcoming Audio Seminars and Webinars

Audio seminars last 90 minutes and begin at 1 p.m. ET. New for 2011: register for a Live + Web Replay bundle for just $40 more than the price of the live seminar and you can attend the live seminar and access and share its Web replay version for future use at your facility.

June 9
ICD-10 Prep: Assessing Coders' A&P Proficiency

Presented with the support of 3M and in cooperation with ACMCS

June 14
Electronic Tools for Patient Privacy and Compliance

June 21
Coding Dialysis Access Interventions

Presented with the support of CSI

June 23
Coding Knee and Hip Replacements in ICD-9-CM and ICD-10-PCS

Presented in cooperation with ACMCS

July 12
Planning for Downtime: System Backup Plans

July 14
Avoiding Septic Shock: Coding Septicemia, SIRS, and Sepsis

July 19
E-Discovery: Can Your EHR Support Malpractice Litigation?

July 21
Beyond Cataracts: Coding for Ophthalmology

Presented with the support of CSI

August 2
Improving Continuity of Care through Effective EMPI Management

Presented with the support of 3M

August 11
Wound Care CPT Coding and Reporting Without Pain

Presented with the support of CSI

Upcoming Bylaws Revision

AHIMA is embarking on a bylaws revision. The bylaws are the association's key governing document which set forth the structure and process for governance and oversight of the association and its membership. Typically, an organization's bylaws include the purpose of the association, membership qualifications, structure, officers, and high-level processes of the organization. AHIMA is seeking to develop a world-class set of bylaws that strategically align all entities to deliver member value, incorporate association best practices, and comply with the evolution of corporate, federal, and state law. A draft set of bylaws will be shared at Summer Team Talks, and delegates would vote on bylaws in October 2011. All members are welcomed to join the discussion in the State Leaders and House CoP Proposed AHIMA Bylaws Revision and/or contact your delegate CSA Contact Information, House of Delegates Listing—2010–2011.

Participate in the Final Leadership Academy Session

Join your AHIMA colleagues for the final Leadership Academy webinar. The webinar is 90 minutes and scheduled from noon-1:30 p.m. (CT). Join AHIMA for the June 15 session, "How Great Leaders Inspire Trust." On-Demand versions of previous sessions are also available. These live learning events are designed by AHIMA and powered by FranklinCovey's LiveClicks series. Be a part of this exciting journey toward great leadership. Save the date and register here.

Journal of AHIMA Receives Gold Award

The *Journal of AHIMA* received a gold award from the American Society of Healthcare Publication Editors (ASHPE) for its "Addendum" department. "Addendum" closes each print issue of the *Journal*, featuring news, reflections, and scenarios to test knowledge or spur discussion. ASHPE presented the award to the *Journal* for three scenarios that ran in 2010. The columns featured scenarios that challenged readers to test their knowledge of the new federal breach notification law, work through a tricky disclosure situation, and apply their judgment in a possible ethical violation.

ASHPE recognizes editorial excellence and achievement in the field of healthcare publishing, fosters ethical standards in management, and serves as an authority on evolving trends in healthcare publishing. Read the winning columns on the *Journal* Web site. Read the full list of 2011 ASHPE winners. Read the AHIMA press release.

RHIT, RHIA Now Accredited by NCCA

The National Commission for Certifying Agencies (NCCA) has granted accreditation to AHIMA's Registered Health Information Technician (RHIT) and Registered Health Information Administrator (RHIA) certification programs. This follows the NCCA accreditation of AHIMA's Certified Coding Associate (CCA) certification program, which was granted last year, so that now AHIMA has three accredited certification programs. This is an important accomplishment that further enhances the value of AHIMA credentials in the marketplace. To maintain NCCA accreditation, certification bodies such as AHIMA are required to consistently adhere to a set of requirements or procedures related to quality, openness, and due process. AHIMA is part of an elite group of 100 or so organizations that have received and maintained NCCA accreditation. Learn more about AHIMA credentials on the Certification Web site.

Member News

The Institute of Medicine recently appointed Shannon Houser, PhD, RHIA, associate professor in the Department of Health Services Administration in the School of Health Professions at the University of Alabama at Birmingham, to join its Committee to Review Data Systems for Monitoring HIV/AIDS Care. The committee is charged with providing recommendations for the most critical data and indicators to gauge the impact of the National HIV/AIDS Strategy and the Patient Protection and Affordable Care Act in improving HIV/AIDS care.

In Memoriam

Kathleen McCaffrey, MA, RHIA, died in April in a snowmobiling accident. McCaffrey served on the AHIMA Board of Directors from 1989–1992 and was a past president of the California Health Informa-

tion Association (CHIA). She also received CHIA's Professional Achievement and Distinguished Member Awards. McCaffrey was an HIM practice leader at HFS Consultants in Oakland, CA. CHIA has established a memorial scholarship fund in her honor. Contributions may be made to the AHIMA Foundation, Kathy McCaffrey Merit Student Scholarship Fund, 233 N. Michigan Ave., 21st Floor, Chicago, IL 60601.

Fellowship Deadline, New Fellow

The AHIMA Fellowship Program is a program of earned recognition for AHIMA members who made significant and sustained contributions to the profession and we would like to recognize AHIMA's newest Fellow, Cathy A. Flite, MED, RHIA, FAHIMA. Don't miss out. Apply today using the online application form. **The next application deadline is August 31**.

AHIMA-Credentialed Professionals Poster Available

The 2010–2011 Professional Development and Recognition House Team is excited to announce the development of a new poster promoting the value of AHIMA credentialed professionals. These posters can be displayed and distributed in your workplace, community, or just about anywhere. Click here to access the poster.

PPE Site Manager Opportunity Available

Every year, thousands of HIM students begin the search for a field-based professional practice experience (PPE). The PPE, or internship, is often the first time many students will find themselves working closely with an HIM professional.

Practitioners discover the value of students delivering the latest knowledge and skills and the relationship between the practice site and the student is mutually beneficial. Each staffer with an AHIMA credential that mentors a student is eligible for one continuing education unit (CEU) for every 60 minutes of direct contact with a maximum of five CEUs (five hours of contact) per student, and a maximum of 10 CEUs allowed in each recertification cycle. This is a great way to add to your annual CEU requirement while fulfilling a fundamental obligation of the profession. Become a PPE site manager; click here to sign up today.

LHIMA Receives Two Core Service Achievement Awards

The Louisiana Health Information Management Association (LHIMA) received a Core Service Achievement for Recruitment and Retention Activities for Students and also for Support for Local Accredited HIM Education Programs.

LHIMA has developed a program to connect students with Board members, increase attendance at the state convention, and encourage exam completion. In 2010, they included a Student Academy with student-focused seminars. Student registration increased for the meeting and participants were grateful for the opportunities presented. Additionally, LHIMA has continuously supported its five accredited HIM educational programs in the state. Support includes waiving state event registration fees, financial support for the Assembly on Education meeting, undergraduate and graduate scholarships, hosting an annual fundraiser, a subscription to "Medical Records Briefing" for senior students, and supporting the schools by serving as guest speakers, project facilitators, and panel members when requested by HIM educators. Both programs have made an enormous impact to faculty and students.

Don't Forget to Renew Your AHIMA Membership

AHIMA is committed to your success and provides the benefits and resources to enhance your career. Renew your membership today and continue to utilize AHIMA's many benefits, including the *Journal of AHIMA*, *AHIMA Advantage*, legislative updates, professional development, discounts on education, certification, publications, products and services, Communities of Practice, the AHIMA Body of Knowledge, and much more. We look forward to another year of supporting your professional endeavors and delivering opportunities to advance your career. There are three easy ways to renew: online, by mail, or by phone at (800) 335-5535. v

August 31
Noon–3 p.m. CT
Keeping Current with RAC
(virtual meeting)

December 12
Noon–3 p.m. CT
Data Structures and ICD-10-CM/PCS
(virtual meeting)

Upcoming Meetings

Multiple dates and locations

AHIMA Academy for ICD-10-CM/PCS

June 13–14
2011 Long-Term and Post-Acute Care HIT Summit

July 15
Summer Team Talks

Chicago, IL

July 16–17
Leadership Conference

Chicago, IL

July 17
Coding Roundtable

Chicago, IL

July 23–27
Assembly on Education and Faculty Development Institute

August 15–16
2011 Legal EHR Summit

October 1–2
Privacy and Security Institute

October 1–2
Annual Clinical Coding Meeting

AHIMA Convention & Exhibit 2011 SALT LAKE CITY

October 1–6
83rd AHIMA Convention & Exhibit

Salt Lake City, UT

Visit www.ahima.org/events for information on all upcoming AHIMA meetings.

ICD-10 Summit Lays Out Transition Challenges, Opportunities

» In April over 500 professionals gathered to discuss strategies at AHIMA's ICD-10 Summit in Baltimore, MD.

AHIMA's 2011 ICD-10 Summit convened more than 500 healthcare professionals to discuss the state of the ICD-10-CM/PCS transition in the US. The discussions offered a rich view into the progress that providers, payers, and vendors are making, the challenges they are encountering, and the insights they are gaining and generously sharing. Following are the key themes that emerged.

The Transition Has Begun

It was clear that organizations have started their implementation plans and were making progress. This was perhaps the most noticeable change from the previous year's summit. More attendees were discussing specifics of their transition plans, asking more focused questions in the sessions, and sharing concrete examples of early steps, such as system assessments.

It was also clear that those who had begun were more optimistic about the transition. Testing on 5010 HIPAA standards has begun, systems inventories and impact assessments have been launched, and budgets are being developed for the ICD-10 transition.

Concern Over Clinical Documentation

Attendees expressed more concern about documentation at this year's summit, likely another sign that their planning has progressed. More organizations have reached a stage where they recognize that their current documentation will not fully support the new, more specific code set.

No one on either side of the podium was heard to say that their current documentation was sufficient to support ICD-10. In fact, attendees were more likely to express their concern with training their clinicians than their coders. As many noted, without changes in clinical documentation, it won't matter if ICD-10 is more specific because coders won't have enough documentation to record the new codes.

Going Beyond the Mandate

It's not enough to implement ICD-10, many presenters urged; organizations need to leverage it. This is the opportune time to seek efficiencies and improvements. The organization's shared goal should be to perform better using ICD-10 than it did using ICD-9.

Attendees discussed the potential to streamline old processes, rework coding workflows, leverage their use of secondary data, and generally clean house. This can be accomplished through improving billing and record storage processes, increasing coding knowledge through training and bolstering coder productivity through computer-assisted coding. Tying the federal government's stage 1 meaningful use program into ICD-10 also was discussed as a way to strategically approach ICD-10.

Budgets Are Taking Shape

It was evident from presentations and hallway conversations that the scope of the ICD-10 transition was clearer this year than ever before. With more work under their belts, attendees had a better view of just how far-reaching the ICD impact is within their organizations. That was reflected in the budgets that were discussed, some of which estimated the ICD-10 transition to cost tens of millions of dollars.

One Priority Among Many

Perhaps one of the most significant challenges facing organizations is that ICD-10 is just one priority among many. The convergence of regulatory requirements in the coming three years is unprecedented: HITECH and the meaningful use program, the HIPAA 5010 standard, the ICD-10 transition, healthcare reform, accountable care organizations, and intensified pay-for-performance initiatives.

The requirements are stretching resources, and attendees spoke of trouble just finding time to meet. "Everyone has so much on their plates. We have conflicting projects in house, so it is actually one of the biggest challenges, just scheduling meetings for everyone," said presenter Linda Martin, MA, PMP, I/T project management senior consultant at Banner Health.

Everyone Is Affected

A year or more ago, some organizations may have misread the ICD-10 conversion as an IT project or a coding issue. Presentations and discussions at this year's summit illustrated how clearly those organizations that have begun the work understand that ICD-10 touches people, departments, and functions throughout their enterprises and into the outside healthcare industry.

No One Can Do It Alone

Nearly every presentation, every conversation in a hallway touched on the theme of collaboration. Whether it was collaboration between departments within an organization, facilities within an enterprise, or across all stakeholders in the industry, the need to work together in achieving the transition was a binding theme of the summit.

"Collaborate, collaborate, collaborate—you cannot do this in a vacuum. It will take all of us in healthcare to successfully implement ICD-10," said presenter Kimberly Telford, MBA, the director of strategy, revenue cycle organization at Intermountain Healthcare. For the full ICD-10 Summit report, click here. For session articles, feature stories, and polls discussing the summit, click here. v

CCHIIM to Launch New Clinical Documentation Credential

Clinical documentation improvement (CDI) has become critical to the HIM field and will continue to impact the work of HIM professionals into the future. With new regulatory and payment changes occurring in the industry, many acute care hospitals have already initiated documentation improvement programs and processes. More experts are needed to initiate, implement, and maintain these CDI programs and processes in order to ensure long-term, high-quality documentation.

Now more than ever, a CDI certification can help move the industry forward to achieve the goals of RAC audits, ARRA/HITECH, and other important initiatives with the overarching goal of improving the quality of healthcare. In response to industry demand, the Commission on Certification for Health Informatics and Information Management (CCHIIM) is developing a new credential focused on CDI professionals. The new credential, to be launched this fall, links directly to AHIMA's mission of "Quality Healthcare through Quality Information."

» In mid-May, the Commission on Certification for Health Informatics and Information Management assembled clinical documentation improvement experts to conduct a job analysis to aid in the forthcoming CDI certification exam.

Why Get Certified in Clinical Documentation Improvement?

The new CDI credential will join a prestigious group of AHIMA certifications, as the gold standards of the HIM field. The credentials have a long history of excellence. Being an AHIMA certified professional means more than just hanging a certificate on the wall. When a person earns an RHIA, CCS, or other AHIMA certification like the new CDI credential, it reflects a deep personal commitment and sense of accountability.

AHIMA-certified professionals are positioned as leaders and role models in the health informatics and information management community. AHIMA certification can also help to improve earning potential, increase opportunity for career advancement, and provide a forum to connect with colleagues.

Individuals who become AHIMA-certified in clinical documentation improvement will help provide a strong base of expertise in the industry. This certification will assure the competency of individuals who capture the documentation necessary to fully communicate the patient's health status and conditions. More information, including eligibility requirements and exam pricing, will be released on the Certification Web site as it becomes available in late summer. For more detailed information on test development, please visit the CCHIIM Web site. v

What is CCHIIM? What Does It Do?

You have probably seen the Commission on Certification for Health Informatics and Information Management (CCHIIM) on the AHIMA Web site, in the Recertification Guide, or even on your certificate. But what is CCHIIM and what does it do?

CCHIIM is an AHIMA commission dedicated to assuring the competency of professionals practicing HIIM. This standing commission of AHIMA is empowered with the sole and independent authority in all matters pertaining to both the initial certification and ongoing recertification (certification maintenance) of HIIM professionals.

CCHIIM has several important duties, but its most crucial role is overseeing the test development for AHIMA certification exams. AHIMA certification exams are valid, reliable, and legally defensible assessment instruments. The exams are designed to measure the competency of potential certificants against a codified and relevant body of health informatics and information management competencies. CCHIIM is tasked with the great responsibility of ensuring that they do just that.

Certification exams are based on exam blueprints that define the knowledge topics and tasks that will be tested on the exam. Job analyses, performed every three to five years, serve as the foundation for the examination blueprint. Consistent with best practices, the job analysis process involves a diverse and representative sample of stakeholders, including recently certified professionals, employers, and supervisors. These stakeholders assess the criticality of current workplace practices, skills, tasks, and responsibilities, with respect to importance and frequency of performance.

The results of the job analysis influence to what extent the competencies are revised for each respective certification examination. Ultimately, the job analysis process is a fundamental quality assurance component of the relevancy, currency, and validity of competencies assessed by each certification examination. The exam blueprint and specifications, as well as exam items, result from the job analysis.

AHIMA Foundation Acknowledges Memorial Gifts

The following memorial gifts were made to the AHIMA Foundation between January 1 and May 15.

In Memory of Martha Bernard

Claire R. Dixon-Lee, PhD, RHIA, CPH, FAHIMA

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In Memory of Maryann Y. McGowan, RHIA

Rachel C. Chebeleu, MBA, RHIA

In Memory of Geraldine Wagner

Kentucky HIMA

Gifts to the Foundation an be made in honor or in memory of someone special, and named scholarship funds can also be established. Visit the Foundation Web site to learn more about ways to support the AHIMA Foundation.

Enhance Your Convention Experience while Supporting the AHIMA Foundation

AHIMA Foundation events at the 2011 AHIMA Convention and Exhibit in Salt Lake City, UT will offer outstanding opportunities to enhance your convention experience, promote your organization, and support the health information workforce through funding student scholarships for future HIM and HIT leaders. Below are opportunities to support the AHIMA Foundation at convention.

Donate an Item to the AHIMA Foundation Silent Auction

The AHIMA Foundation is continuing the tradition of hosting its Silent Auction fundraiser for the Student Merit Scholarship Program at convention from October 1-5. Donating an item to the auction is an excellent opportunity to showcase your organization while supporting the education of future HIM professionals. Silent Auction donors receive recognition in the convention program, in the online listings on the convention and the AHIMA Foundation Web sites, on the auction bidsheets, as well as in the AHIMA Foundation Annual Report. Last year, the Silent Auction raised over $30,000 with 100 donated items, and with your support for this important cause we hope to increase those numbers in 2011.

Donations are now being accepted for the 2011 Silent Auction, and you can reserve your spot using our online reservation form. The form, along with more information about donating to the auction, is available on the AHIMA convention Web site and on the AHIMA Foundation Web site. **Please note that in order to receive full print recognition (including in the convention program), your donation must be reserved by July 25.**

Participate in the Golf Outing

Treat yourself, colleagues, or clients to a round of golf October 1, at 1 p.m. at the beautiful Wingpointe Golf Course in Salt Lake City while supporting an important industry cause by registering as a sponsor or golfer for the AHIMA Foundation's second annual golf outing "fun-raiser." This unique convention event brings together AHIMA members and corporate partners for an afternoon of networking, friendly competition, and outdoor fun. Corporate sponsorship opportunities are available for the golf outing, including reception, hole, and contest sponsorships, and will provide outstanding visibility for your company's brand. All golfers and sponsors participating in the event will enjoy 18 holes of golf (with golf carts provided and clubs available for rent), a boxed lunch, 19th hole reception, and transportation to and from the golf course. For additional information on the golf outing and to download a registration form, visit the AHIMA Foundation Web site. For more information about any of these convention activities, contact Lisa Mendelsohn at (312) 233-1585.

AHIMA Foundation 2011 Student Merit Scholarship Reminder

As a reminder to current HIM/HIT students and administrators, **the AHIMA Foundation 2011 Student Merit Scholarship online application will open July 1,** with completed applications due by September 30. The AHIMA Foundation annually offers merit scholarships to currently-enrolled outstanding undergraduates in CAHIIM-accredited HIM or HIT programs, as well as those professionals currently pursuing master's or doctoral degrees in areas related to health information. Please visit the AHIMA Foundation Web site for more information about scholarship eligibility and the online application process. v

AHIMA's New Student Advisory Council Announced

The new student advisory council's call for applications was announced in the April issue of *AHIMA Advantage*. AHIMA received a large number of applications from qualified HIM students. The five student members below have been appointed to serve as council members from May 2011–April 2012.

Meet the New Student Advisory Council

Dee Johnson is currently enrolled in Arapahoe Community College's HIT program in Englewood, CO. Johnson has been a healthcare professional for 12 years but decided to continue her education in order to obtain a HIM credential. "I [continue to] grow more passionate and excited about the vast opportunities to both advance my career and contribute to the HIM industry. "AHIMA's mission of leading the health informatics and information management community to advance professional practice and standards supports my quest for personal and professional growth as well as my commitment to community involvement," said Johnson.

Roman Minyaylyuk is enrolled in the RHIA baccalaureate program at University of Illinois at Chicago and recently completed a health information technology internship at Northwestern Memorial Hospital. A research assistant and resident peer mentor at UIC, Minyaylyuk is looking forward to being a part of the student advisory council. "Being selected to be on the student advisory council will allow me to step up my leadership to a whole new level and use my knowledge to better the HIM environment," Minyaylyuk said.

Sebrina Campbell is working towards a BS in health information management and an MA in health administration at St. Louis University. Campbell has served as a medical records intern at Hopewell Center in St. Louis, and has held many student leadership roles at SLU. She has a passion for the HIM profession and for learning and plans to bring this enthusiasm to her role on the council. "I strive for success in school and my extracurricular activities because I believe in making a difference in the world through my work with healthcare." Campbell said

Elizabeth Horn is double-majoring in biology, with a pre-medical concentration, and health services administration, with a concentration on health informatics, at Eastern Kentucky University (EKU). Horn has experience on advisory committees at her university and has interned at Baptist Physician Surgery Center. At EKU, Horn is active in Greek life and the Student Government Association, serving in numerous chair positions. She is excited to share new views on the HIM career though her clinical background. "I would love to contribute my passion for medicine, administration, and improvement of the overall quality of healthcare to AHIMA," Horn said.

Alexandra Richards is working towards a BS in health information management at Temple University, where she is the president of the health information management junior class, as well as the vice president of programs for her sorority. Richards has experience as a medical record specialist for Lancaster General Hospital and has interned at Connexin Software, where she learned about electronic health records and wrote about meaningful use. Richards says she is "looking forward to a day where the health information exchange will better our nation's healthcare," which inspired her desire to serve in a volunteer role with AHIMA.

Look for the next issue of *AHIMA Advantage* in August to learn more about what the council members are working on for AHIMA's student members. v

Student Connection Newsletter Redesigned

Have you seen the latest issue of *Student Connection*? AHIMA recently unveiled a new look for *Student Connection* that reflects the new range of content being delivered in the electronic newsletter. Future issues of *Student Connection* will include new topics, such as interviews with recent graduates, career planning tips, and updates from the student advisory council members. If you would like to receive future issues of *Student Connection*, subscribe to the electronic newsletter in your myAHIMA profile on the "My Communication Preferences" tab, and e-mail us your ideas and suggestions for future issues.

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» REAL WORLD

Volunteer for AHIMA and Reap the Benefits

Summer is the perfect time to consider volunteering for an appointed position on a AHIMA committee or practice council. Getting involved with AHIMA is rewarding and provides benefits for both you and your profession.

Sarah Cottington, MHA, RHIT, CPHQ, and Laurie M. Johnson, MS, RHIA, CPC-H, co-chair the Quality Initiatives and Secondary Data Practice Council. Cottington is honored to serve and help provide the membership with value-added resources, tools and information. Cottington said, "The healthcare environment is constantly changing with new initiatives and regulations being announced almost daily. Being part of this practice council has allowed me to keep on the forefront of this tidal wave of information specifically through the environmental scanning portion of each month's council meeting."

How to Get Involved

Applications are accepted year-round, but complete one before August 1, 2011, to be considered for the 2012 appointments. Most appointments are made on an annual basis for the next calendar year by the AHIMA President-elect. Details of the groups available are on the Volunteer Opportunities page.

> "In helping others and receiving help through networking, you are creating a spirit of interdependence that is practical and beneficial as well. No other business skill is as valuable or provides more lasting legacy than networking to help you reach your goals. In the process, you can build relationships which last a lifetime."
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> —Peggy Collins, motivational speaker and co-author of Passport: Network Smart. Connect with Purpose for Knowledge, Help and Opportunity

Co-chairs of this year's State Advocacy Workgroup, Tracy L. D'Errico, RHIA, and Charlie M. Robinson, RHIT, CCS-P, feel they have learned much and gained friends and experiences through volunteering for AHIMA. They summed up their experiences. "Our workgroup has had vibrant discussions and great ideas including pre-Hill Day issues webinars and a first timer webinar. Co-chairing has been a great experience, especially when you have a partner to help handle the load, keep to the timeline, and receive staff support."

These various groups complete work for the association. Examples include practice briefs, webinars, and the Code of Ethics revision. Each group works with the support of staff members usually meeting virtually and utilizing the CoP.

Laurie M. Johnson, MS, RHIA, CPC-H, has served in a number of volunteer capacities and has enjoyed the experience. She said, "I have made new friends, developed deeper knowledge regarding AHIMA activities, and become more knowledgeable on HIM issues for myself." I have received more than the effort I have expended and encourage all AHIMA members to volunteer." Complete an Application to Serve today. v